*****DRAFT FOR REVIEW*****

COMIO 2016 Annual Report Findings and Recommendations

A. Key Themes

Finding: Address the challenges stigma presents to building capacity and alternatives to incarceration

- Educate the public, Board of Supervisors (BOS)/Chief Administrative Officers, and other decision-makers about people with mental health and substance use disorders who are justice-involved and the barriers they face due to their criminal background.
- Inform key partners about the behavioral health needs of parolees and probationers. Criminal justice and behavioral health systems have joint responsibilities with shared resources over this population and its diversion from incarceration. Can Community Correctional Partnerships (CCP) support such shared responsibility or other local forums be used to bring together system partners for planning and policy making that impacts the justice-involved individual with behavioral health needs.

Recommendations:

1a. COMIO to continue to support and collaborate with stakeholders to dispel myths about mental illness and justice-involvement, the prevalence of co-occurring substance use among two-thirds of this population, provide information regarding best practices in diversion, and be available to provide referrals to experts in the field.

2a. COMIO will use workshops, educational site visits, local outreach, the website and newsletter to further identify and disseminate effective strategies, and to raise awareness to combat stigma-based decision-making.

Finding: Explore a new paradigm to support effective practices to reduce recidivism and prevent incarceration among individuals with mental illness

Recommendations:

3a. Core competencies to provide effective integrated correctional and behavioral health services to better promote recovery and recidivism are significantly needed – both in custody and in the community. For resources to support necessary training and technical assistance, counties can explore the flexibility of existing funding sources or use technical assistance resources available through Mental Health Services Act (MHSA) state administration funds, which is appropriate because reducing incarceration (including recidivism) is one of the primary goals of the MHSA.

4a. Promote the use of peers who are formerly justice-involved as an essential element of the service team. Work with counties and the Department of Health Care Service (DHCS) to support the hiring and training of the formerly incarcerated. All efforts to expand the use of peers in the workforce, including strategies that support Medi-Cal reimbursable services, should include the formerly incarcerated.

B. Diversion

Finding: More data and information is needed to support planning and effective practices

- Researchers, including the Public Policy Institute of California (PPIC) as part of the 12-county study, could include questions that are specific to behavioral health impact when investigating correctional reforms, particularly public safety realignment.
    - Do counties conduct risk assessments to support diversion efforts? At what point are assessments done - booking, pretrial, upon release?
    - Are we measuring the rate of individuals with mental illnesses or substance use disorders returning to jail?
    - Conduct a cost benefit or cost avoidance analysis to document the value of services and treatment over incarceration.

Finding: Know the problem that needs fixing when building capacity

- Support counties to measure the extent of the need for their population. Through projects like California Forward's Justice System Change Initiative (CA FDW's J-SCI) counties can learn how to use data to make informed decisions about services and funding. Measuring the problem is essential in making arguments for behavioral health resources to BOS, CCP and/or MHSA stakeholder bodies.

  For example Riverside is focusing change efforts on what they have learned, including:
    - Examining Probation's use of technical violations and other "side door" entries like warrants and holds,
    - Supporting courts to be more efficient and maximize appropriate pre-trial releases,
    - Develop interventions to improve mental health outcomes and reduce jail time, and
    - Work collaboratively to build capacity to address substance use.
- Support counties to assess and plan for meeting the needs of their population. Counties, like Santa Clara, are examining present treatment needs (mental health and substance use) for the justice-involved and determining level of capacity needed within each treatment modality (e.g. crisis residential, intensive outpatient, etc.). Once gaps are identified, planning and resources can be directed accordingly.

Finding: Provide guidance and confidence to support data-sharing

- Some of the reasoning for barriers in data-sharing include:
    - Not knowing when patient consent is needed to exchange mental health information,
    - Lack of data systems that have interoperability,
    - Not having approved policies or agreements in place to share and exchange data, and,
    - Not having the training or staff capacity needed to collect, analyze or share data.
- Ensure that partners in the courts, like Public Defenders, are also informed about rules so there is not fear that confidential patient information may be used against a client in court proceedings.
- The exchange between counties of tools/protocols like sample interagency agreements can be promoted. Disseminate results from the White House's Data-Driven Justice Initiative (LA, Oakland, San Diego, San Francisco, & Santa Clara are participating).

Recommendations:

1b. The California Office of Health Information Integrity (CalOHII) is producing guidance about the use, disclosure, and protection of sensitive health data. Guidance for when and how behavioral health data can be exchanged with criminal justice partners, including law enforcement, corrections, and the courts should be included in the effort.

2b.Counties can use a standard definition of mental illness, substance abuse, and recidivism across the state in community corrections so that comparisons and trends across counties and statewide can be drawn. COMIO recommends the use of the BSCC definition of recidivism and the statutory definition of mental illness (MI) and substance use disorder (SUD) as guidance for inclusion in Medi-Cal programs.

3b. Counties can better understand the prevalence of mental illness in the jail population by using validated screening and assessment tools at booking, including a brief screen for MI and SUD to determine treatment needs. Tools should be gender specific but simple enough anyone can administer them.

4b. Counties can then also screen for recidivism risk pre-trial to determine eligibility for diversion or alternative community supervision. Use validated assessment tools to prioritize high risk, high need, and difficult to serve populations. The court can then consider when alternative treatment and services are appropriate.

Finding: Build capacity for community alternatives with effective and integrated behavioral health and correctional services

- COMIO will continue to monitor the progress of the Whole Person Care (WPC) pilots, reaching out to county implementers, when appropriate, to hear about challenges to be address to target the justice-involved with mental illness, particularly those with co-occurring disorders. Encourage more counties to apply and take advantage of the second round of WPC pilots to design and test interventions for the justice-involved with complex behavioral health needs.
- COMIO supports aggressive Medi-Cal enrollment strategies in jails, using assessment and screening tools to identify high need/ high risk populations like those with co-occurring behavioral health issues. Support further analysis (from universities or foundations) to identify best practices in enrollment.
- COMIO can work with the County Behavioral Health Directors Association (CBHDA), Chief Probation Officers of California (CPOC), and the California Department of Corrections and Rehabilitation (CDCR) to gather information regarding challenges with using the Drug Medi-Cal-Organized System of Delivery (DMC-ODS) to serve the justice-involved population so that improvements can be made to maximize this opportunity.
- Even if capacity was developed, the lack of providers and their inability to become appropriate staffed, is nearly at a crisis point. Unless there are significant investments to address workforce shortages, new and effective interventions will not be able to reach but a fraction of the need.

Recommendations:

5b. Work with CBHDA and DHCS to identify strategies to increase the number of providers who serve the reentry population to become Drug Medi-Cal certified, what barriers exist to licensing drug providers, identifying actionable steps to take forward to increase numbers.

6b. Work with partners to better understand resources at the federal, state, and local levels for workforce development. Explore whether the California Office of Statewide Health Care Planning (OSHP) has any recommendations for strategies we could be pursuing.

Finding: Maximize every opportunity to use Medi-Cal to cover the needs of the justice involved

- The Centers of Medicare and Medicaid Services (CMS) in State Health Official Letter 16-007 provided important clarifications regarding the reimbursable services for the justice involved when incarcerated or on community supervision that should be incorporated.
- There are gaps and challenges when implementing services for the justice-involved under the current waiver, such as the twice per calendar year limit on utilizing residential substance use treatment.

Recommendations:

7b. California can examine this direction to consider the benefits of community supervision versus incarceration for individuals with mental illness and substance use. The faster individuals with these needs can move to the community to access treatment for recovery and stabilization the better. Not only will they be in an environment where they are far more likely to get well but federal reimbursement, in most cases, will cover the majority of the costs.

8b. Work with partners providing community-based services for the justice-involved, including CBHDA, to identify some of the major gaps or challenges with maximizing Medi-Cal funds. Are there alternatives to residential treatment that begin with harm reduction and engagement?

Finding: Support counties to address the growth in the number and percentage of offenders booked into and held in jails with mental illness and substance use disorders.

Recommendations:

9b. Mental illness as a basis for diversion could be expanded. A review of which offenses could be additionally considered for authorization of diversion should be undertaken and recommendations made. As precedent, in 2015 Military Diversion was created as an option to support former military experiencing mental illness, substance use, TBI or sexual trauma to elect treatment over other action by the court.

10b. The state and relevant stakeholders, including the counties and the Department of State Hospitals (DSH), are examining the reasons behind the growing numbers of Incompetent to Stand Trial (IST) cases. A thorough review is of critical importance, including an assessment of why more community treatment alternatives are not being utilized in the face of this growing and persistent dilemma. COMIO requests to

participate in such examinations at the state level and to offer assistance in generating a list of solutions.

Finding: Maximizing existing initiatives by leveraging resources, disseminating lessons learned, and facilitating exchange of practices

- Encourage counties to take advantage of the Stepping Up Initiative and the technical assistance that is currently available through the Council on State Governments Justice Center. This opportunity to have experts support strategic planning processes to aid counties in addressing barriers and challenges to developing a comprehensive system of diversion across all 5 intercepts in the Sequential Intercept Model is unprecedented and has exponential value. As more counties participate, more lessons learned can be exchanged, tools can be shared, and barriers tackled by working together.
- Encourage the Mental Health Service Oversight and Accountability Commission (MHSOAC) to review county SB 82 reports to identify patterns/distinctions and identifying emerging models of the crisis continuum of services. Support counties to have the capacity to exchange lessons learned and strategies developed throughout this process so that promising and effective practices are widely shared and adopted.
- Support the Board of State and Community Corrections (BSCC) to have the capacity to expose all interested counties to the lessons learned from Mentally Ill Offender Crime Reduction (MIOCR) grantees. While COMIO strongly supports MIOCR grants, we also believe counties can use other funding sources to support similar programs (including Prop 47). Sharing tools and resources across participating and non-participating counties can facilitate adoption of best practices.
- Maximize opportunities for capital investments with the $67.5 million in funds awarded to the California Health Facilities and Financing Authority (CHFFA) for a Community Services Infrastructure "CSI" competitive grant program to expand community alternatives to jail and prison.

Recommendations:

11b. The State and/or state-level partners (e.g. associations, foundations, and universities) should support counties with resources to take advantage of the Stepping Up Initiative and its technical assistance. Resources could bring counties together and facilitate the exchange of knowledge, tools and resources. The state can listen and help address barriers to aid county level strategies and interventions. COMIO is eager to support such activities in the future.

12b. Applicants for the "CSI" program could be required to leverage with existing efforts or enhance by additional sustainable funding for diversion services within a capitol project. Provide needed tailored assistance to smaller counties with unique challenges. Support efforts that use cost effective or evidence-based practices.

Finding: Address building capacity challenges for housing and facilities beyond Not In My Backyard (NIMBY)

- The housing crisis has frozen capacity building efforts in many cities and counties. For capital projects, e.g. facilities like urgent care or restoration centers, there is a lack of affordable land. If it is for supportive housing, there are not providers who can afford the market.
- For scattered site housing or multi-family housing, this is a landlords market. Vouchers must be repeatedly extended because they are not set at market rate which continues to escalate.
- While NIMBY barriers like excessive procedural requirements should still be adamantly addressed because they are discriminatory and costly, the problem is far more systemic and requires creative solutions with federal, state, and local resources.

Finding: Use strategies to combat potential discrimination and unequal access to housing

- Locals can improve access to local Public Housing Authority (PHA) resources for individuals who have convictions. Some strategies:
    - Modify standards of admission/screening – e.g. shorten the length of time in which a review of a conviction or public safety concern can be considered, use individualized assessments and allow explanations for special circumstances.
    - LA County eliminated all provisions screening applicants out of the Housing Choice Voucher (Section 8) and Public Housing programs due to probation or parole status.
    - Direct the PHA to prioritize people who are justice involved and have a behavioral health or serious health need for Section 8 or other public housing admissions
- Local advocates and implementers can become more aware of recent clarifications of the application of fair housing act standards to the use of criminal records (April 4, 2016 Letter and HUD Notice 2015-10). All public housing authorities and private housing providers must comply with this guidance. Arrest records cannot be the basis for denying admission, terminating assistance, or evicting tenants.
- Review local policies and ensure they are consistent with the law. Californians can know their housing rights and file grievances when they are denied.

Recommendations:

13b. Opportunities for Housing First under the No Place like Home (NPLH) Initiative must not exclude people based on justice status, explicitly or implicitly. The CA Department of Housing and Community Development (HCD) use of the definition of "chronic homelessness" needs flexibility to not unintentionally exclude those exiting incarceration into homelessness. Having to meet the criteria of homelessness prior to incarceration would be a significant barrier for many of the justice-involved with mental illness because during incarceration many people lose their independent housing.

14b. HCD could consider exempting the restriction on parolees for NPLH placements, and rather focus on screening for fitness for supportive housing due to mental illness to determine eligibility.

15b. HCD could consider streamlining zoning procedural requirements as part of the implementation of NPLH in part to help ease the burden on interested providers who already will be operating in an extremely expensive market and burdensome regulatory environment.

16b. Administrators of housing programs can prioritize housing for the most vulnerable – high risk/high need individuals with mental illness, substance use, and justice involvement. Many counties use the

Vulnerability Index: Service Prioritization Decision Assistance Tool (VI-SPDAT) to prioritize justice status as part of this tool.

17b. Housing and services providers could further explore opportunities to expand group housing options as an alternative to single family units. Group housing not only could be more accessible and affordable but might be a better fit for individuals with behavioral health challenges.

18b. COMIO to monitor and participate with SB 1380 implementation – The Homeless Coordinating and Financing Council - who will be overseeing the implementation of Housing First Initiatives. Ensure priority for high risk/high need individuals, which include those with behavioral health needs who are justice-involved or who are at risk of justice involvement.

C. Training

Finding: Seize opportunities to expand crisis intervention training beyond law enforcement and to learn more about what works and does not work

- In California there is an existing commitment to improving interactions with individuals, and often their families and loved ones, who are experiencing a mental health crisis. In 2015 legislation was signed by Governor Brown requiring at least 15 hours of behavioral health training at academies for new recruits and at least 8 hours of crisis intervention training for field training officers who trained for newly hired officers. Such opportunities for additional training could be made available to other key first responders including fire, emergency medical services, emergency psychiatric services, etc.
- While crisis training is becoming more accessible, it is imperative to better understand what elements of the training are working to achieve what outcomes. Are there key ingredients to ensuring a successful model?
- Crisis response is not just about training police officers and law enforcement but building effective Police-Mental Health collaborations. These include crisis intervention teams, co-responder models, mobile crisis response teams, case management teams and hybrid models (combinations of the models). Training to support all of these strategies is needed. Counties across California are investing in many of these; some just very recently under the Investment in Mental Wellness Act. Do we know what is working?
- Current events have called attention to the stress and trauma that officers and law enforcement face on a daily basis.
- What is being done to support officer wellness, and more importantly to COMIO when we consider effective practices, what role does officer wellness play in outcomes associated with the individual in crisis or under custodial supervision? Does a mentally healthy officer equate to better interaction and outcomes for the justice-involved individual with mental illness?

Recommendations:

1c. Encourage the University of California Center for Behavioral Excellence, who has already begun to assess the effectiveness of Crisis Intervention Training (CIT), to identify what are the critical ingredients for a measurable impact? This analysis could to help direct investments.

2c. Invest in a comprehensive review of best practices in Officer Wellness and Peer Support Programs, including models from Canada supporting mental readiness and responsibility. Investigate whether

there is evidence to suggest that Officer Wellness is linked to improved outcomes for the justice-involved, like reduced critical incidents and improved behavior.

Finding: Create needed alternatives to "CIT"

- While the full 40-hour CIT might not be plausible or relevant for every group, training should be more than just crisis management and de-escalation techniques.
- Additional critical elements for training include addressing stigma and bias and teaching empathy and respect towards individuals experiencing a mental health crisis or illness.
- Such training could include dispatchers, emergency medical personnel, firefighters, correctional officers and probation.

Recommendation:

3c. COMIO can work with partners in the field and researchers to develop recommendations regarding what competencies are critically needed for which populations (i.e. dispatcher vs emergency room technician) and how they can be resourced.

Finding: Build relationships and provide resources to achieve outcomes from training efforts for law enforcement and community corrections

- Local law enforcement agencies can partner with county behavioral health providers, administrators, and advocates to seek additional training on understanding cultural and generational difference, working with families, accessing community resources, and above all responding with empathy.
- Law enforcement can visit treatment and service locations and vice versa for behavioral health stakeholders. Doing so can build relationships based on a better understanding of each other's perspective. COMIO can work with criminal justice and behavioral health partners to help facilitate such opportunities.
- Community correctional professionals are eager for additional competencies to effectively supervise and support individuals with mental illness who are justice-involved.
- More opportunities with financial resources are needed to ease the burden of sending staff to training rather than the field.

Finding: Invest in criminal justice and behavioral health workforce, especially the nexus between the two

- Curriculum for skill building should be available through continuing education credits for licensed professionals from both the behavioral health and criminal justice systems.
- Educational institutions that are training and producing these professionals should be adding modules about working with justice involved individuals into core curriculum and/or offer criminal justice as an area of elective concentrated study.

Recommendations:

4c. COMIO will share the findings from the 2016 report with key professional guilds and educational institutions and request further dialogue about strategies that can support skill building.

5c. Request that CDCR share lessons learned from the Commission on Correctional Peace Officer Standards and Training (C-POST) revision of curriculum to include 24 hours of crisis de-escalation into

existing training with Board of State and Community Corrections (BSCC) or other community correctional systems that are in the process of strengthening this type of training.

6c. Encourage the Commission on Peace Officer Standard and Training (POST) and/or BSCC to explore the using an application process for cost reimbursement to law enforcement and community correctional entities for enhanced crisis intervention and mental health training that can document a need and commitment to maximizing training opportunities.

D. Juvenile Justice

Finding: Current reforms are underway that will significantly impact justice-involved youth

- Children in the juvenile justice system are over-represented in the child welfare system, and vice versa.
- Continuum of Care Reform (CCR) is intended *"to improve the experience and outcomes of children and youth in foster care"* but the needs of probation youth in this system can be significant and challenging.
- Existing services will be replaced with two levels of service – Home-Based Family Care (HBFC) and Short-Term Residential Treatment (STRTC).
- Absent adequate stabilization services for youth, they may remain in juvenile detention with an inability to draw down federal resources for treatment.
- Without adequate planning and support when taking away group home care as an alternative to incarceration the number of these children incarcerated could increase.
- Careful planning and thought needs to be directed towards this population of hard to place delinquent wards because they are the most difficult to serve and the most likely to fail in a STRTC without thorough programming and support.
- Rural Counties will also need additional thought and planning due to significant distances, as well as, reduced numbers of youth in population centers that will challenge the STRTC/Foster Care operational model.

Recommendations:

1d. Continue to investigate the root cause of increased severity and acuity of mental illness in juvenile detention in partnership with CPOC, CBHDA, Judicial Council and other appropriate expert partners. Specifically explore how best to address competency for juveniles in the justice system.

2d. COMIO will continue to monitor the implementation and roll out of CCR with a lens of supporting that the alternative for high risk and high need justice-involved youth are adequate for this unique population including strengthening training, support, and resources that are available for both service levels - HBFCs and STRTCs.

Finding: Sufficient data collection, performance measures, and outcomes are needed to monitor effective programs

- Collect only the data that is needed to monitor performance, which could support local capacity to retain the ability to do further research and evaluation on best practices.
- Support data infrastructure that can monitor trends and patterns to inform policies and practices.

Recommendations:

3d. COMIO to promote primary prevention programs with an evidence-base to prevent delinquency in the future and increase opportunities for cross collaboration between education, child welfare, criminal justice and behavioral health sectors. The BSCC, through its State Advisory Committee on Juvenile Justice and Delinquency could be an effective venue for fostering this collaboration.

4d. COMIO can promote examples of cross-system collaboration (Probation, Behavioral Health, Education, Juvenile Courts) that are grounded in shared resources and outcomes through the website and newsletter. Such partnerships can blend resources (MHSA, Medi-Cal, Education, Child Welfare, and Juvenile Justice) to be responsive to emerging issues like the need for a trauma informed systems of care.

5d. Support the work of the BSCC and the Juvenile Justice Data Working Group to improve data collection, performance measures, and outcomes for California's youth offender.

6d. Continue to monitor and promote for opportunities for youth diversion programs under Prop 47 and promote the use of evidence-based prevention and early intervention programs for youth who are justice involved or at risk of justice involvement.